



**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health  
Louisiana Child Death Review  
Sudden Unexpected Infant Death  
Coroner's Invoice

PAYMENT REQUESTED FOR: \_\_\_\_\_ \$100 SUIDIRF Death Scene Investigation (done within 24 hrs.)

\_\_\_\_\_ \$ 500 Autopsy (external, internal, microscopic,  
toxicology & summary report)

Coroner's Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Death \_\_\_\_\_

Certified Investigator: \_\_\_\_\_ Case No: \_\_\_\_\_

Autopsy Conducted By: \_\_\_\_\_

Forensic Pathologist: ☐ Calcasieu ☐ LSUHSC ☐ LA Forensic Center ☐ Tammany  
☐ Jefferson ☐ Orleans ☐ Forensic Pathology, Inc. St. ☐ Other (specify)

Make check payable to: \_\_\_\_\_ Vendor's Name

\_\_\_\_\_ Vendor's Fed Tax ID#. Date mailed: \_\_\_\_\_

**Note:** A W-9 form must be completed for the Vendor in order for payment to be made.  
Please return it with your invoice; unless you have previously submitted the W-9.

**Mail/Fax invoice, autopsy, and/or investigation report, and W-9, if necessary, to:**

Amy Zapata, MPH  
Louisiana Child Death Review  
Office of Public Health  
1450 Poydras Street, Suite. 2032  
New Orleans, LA 70112

Telephone: 504-568-3504  
Fax: 504-568-3503

Approved for Payment by: \_\_\_\_\_ Date \_\_\_\_\_  
Amy Zapata, MPH  
Director of Maternal and Child Health Program

**ORGANIZATION CODE 7620 REPORTING CATEGORY 0157**

OBJECT 3440 ☐

OBJECT 3460 ☐

Revised 12/2012